RECEIVED CENTRAL FAX CENTER

MAR 1 4 2005

PATENT PF00434 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of |) | | |
|--------------------------------------|---|-----------|-----------|
| Bradley J. Enegren, et al. |) | Examiner: | R. Nasser |
| Serial No: 10/034,740 |) | | |
| Filed: December 27, 2001 |) | Art Unit: | 3736 |
| For: IMPLANTABLE SENSOR FLUSH SLEEVE | | | |

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the December 15, 2004 Office Action for the above-identified application, please enter and consider the following amendment and remarks.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office Fax No. (703) 872-9306:

March 14, 2005 Aj

Ajit S. Narang, Reg. No. 55,480

Date of facsimile Applicant, Assignee, or Registered Rep.

PATENT

FORM PTO-1083

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Docket: PF00434 US

CENTRAL FAX CENTER Date: March 14, 2005 MAR 1 4 2005

In re the application of:

Bradley J. Enegren, et al.

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Date of facsimile Applicant, Assignee, or Registered Rep.

P.O. Box 1450

Alexandria, VA 22313-1450

Commissioner for Patents

Sir:

Transmitted herewith is an Amendment in the above-identified application;

The fee has been calculated as shown below:

| | (Col. | (Col. 1) | |) | (Cal. 3) | | SMALL ENTITY | | | | OTHER THAN A SMALL ENTITY | | |
|--------------------------|---------------------------------|----------------|------------------|---|------------|------|--------------|---|----|------------|------------------------------|----------------|--|
| | CLAIA REMAI AFTE AMENI | NING R | HIGHE! PREVIO | | PRESENT | RATE | ADDIT. | | OR | RATE | ADDIT. | . | |
| TOTAL INDEP CLAIMS | 15 2 | MINUS MINUS | 20 3 | • | -0- -0- | | x 9 x 39 | Ş | | OR OR | x 18 x 78 | \$-0- \$-0- | |
| [] FIRST PRESENTATION (| F MULTIPL | | M | | | +135 | \$ TOTAL | 5 | OR | +270 OR | \$ TOTAL | Ş-O- | |

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

- [X]The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of this sheet is enclosed.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims. [X]
 - [X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted.

Registration No. 55,480

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Via Facsimile to (703) 872-9306 -- 14 pages including transmittal

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.